

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6481

**1. PLACE OF DEATH**

County St. Louis  
Township  
City Richmond Heights

Registration District No. 1000  
Primary Registration District No. 1000  
No. 6352, Clayton Road

File No. 1528  
Registered No. 1528  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Paul Burkhardt**

(a) Residence, No. 6352 Clayton Road St. 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2 / 9 / 1870</u>		
7. AGE YEARS <u>62</u>	MONTHS	DAYS <u>6</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>No. Pacific R. R.</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) <u>Springfield</u> (STATE OR COUNTRY) <u>Ill.</u>		
FATHER	13. NAME <u>Herman Burkhardt</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Mary ---- Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Ben Burkhardt</u> (ADDRESS) <u>1038 Grandview</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>2 / 17 / 32</u>		
19. UNDERTAKER <u>Robert Unkrust</u> (ADDRESS) <u>6635 Clayton Road</u>		
20. FILED <u>Feb 16 1932</u> 19 _____ Registrar <u>Jan C. Starnes</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 - 1929 to February 15th, 1932

I last saw h. im alive on Feb 14, 1932. Death is said to have occurred on the date stated above, at 4:30 A.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis 131

131/132 B

Other contributory causes of importance: 1

Uræmia -

Arteriosclerosis general

Hypertension -

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? hal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Miss Heideman, M. D.

(Address) Metropolitan Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

